

Prison Health Services, Inc.

Inmate Grievance Appeal

Courtney Bork 208921
NAME AIS #

B-1-11 4-19-07
UNIT DATE

PART A - INMATE Grievance Appeal for the following reason:

I have been having problems with the nurse and Doctor staff here at Fardaling. I wrote letter to the F.B.I. let them know how I have been getting poor Medical Care. And how Nurse Bush keep picking on me, and how I hear some one say, I hate that Black Ass Nigger. I told Mr. Zait'son that she was the only one around the corner. Mrs. Zait'son did not talk with me about it, but had me write up and put into jail. I was drug by officers while I was sitting behind my back down on the ground. When I ask the Doctor for an X-ray he would not give me one. I'm making two copy just in case you don't get that one.

Courtney Bork
INMATE SIGNATURE

Return this form to Health Services Administrator by dropping in the sick call box or giving to the segregation sick call nurse on rounds.

PART B - RESPONSE

DATE RECEIVED 5-1-07

Mrs. Wilson and Mrs. Blackman along with the HCE Officer were present at the time you said this occurred. No one should anyone including Mrs. Bush make the above statement. I have reviewed your medical record and your numerous complaints go back past. I reviewed all your requests which were normal. However based upon your continued complaints a pain claim going to present you case to Dr. McGuire the state medical director for her review.
Thank you.

Courtney Bork 208921
Inmate Signature
Date 5-1-07

C. Johnson RN RA
Health Services Department Head
Date 5-1-06 07

H.S.A. Selection:

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

Committee Review of Data Collection

11/03 - Alabama
Revised 5/16/05

Exh. B. 4 A-1

Inmate Grievance

Courtney 13040
 NAME [REDACTED] AIS # 208821 UNIT B-1-11 DATE 5-7-07

PART A--Inmate Grievance

Dear Mr. Boyd, As you know I don't go through my medical record, but Sgt. Roger says you are Mr. Johnson's staff that you all had to talk with your Counsel before I was able to look at them again. As you know I don't start looking at them until April 26, 2007, so I still need to copy them down, so please work with your Counsel and let me know when don't let you follow the Court order. I'm sending a copy of this to the Hon. Judge, just in case like I said you don't see it, or get it. Also when I'd Dr. McQueen say that me I had a doctor appointment but I don't get better. Please let the doctor see for the officer to take me back, please let me know when happen.

[Signature]
 INMATE SIGNATURE

PART B - RESPONSE

DATE RECEIVED 5-8-07

Mr. Boyd, as I explained to you today, I have nothing to do with when you are allowed time to review your records. It is up to DOC & when they can arrange it. I was told that you do have to pay ahead of time before you can get copies made.

[Signature]
 P.H.S. Department Head Signature

5-8-07
 DATE

If you wish to appeal this review you may request a Grievance Appeal form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

H.S.A Selection:		Y	N		Y	N	
I	Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI	Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II	Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII	Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III	Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII	Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV	Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX	Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V	Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X	Other	<input type="checkbox"/>	<input type="checkbox"/>

Committee Review of Data Collection

EXHIBIT A-2
 MAY - 8 2007

COPY

Prison Health Services, Inc.

Inmate Grievance Appeal

Courtney Boyd
NAME

208921
AIS #

C-1-4
UNIT

8/20/07
DATE

PART A - INMATE Grievance Appeal for the following reason:

I have been charged over \$200.00 for the same Medical Problem, which is not right. I have been given a life-long back injury I know, you said that Doc must remove my hold off my account, but Doc said you must do it, because I can't be charged for the same thing two times. And this is what my bill are for my back injury which happen June 10, 2006. Also what have Dr. McQueen said about me, because I'm on a TOP Bed, and I have fell down two time, so I need my bottom Bed and back brace. I will be able to tell you more, when you talk with me. Thank you, and please don't lose this.

Courtney Boyd
INMATE SIGNATURE

Return this form to Health Services Administrator by dropping in the sick call box or giving to the segregation sick call nurse on rounds.

PART B - RESPONSE

DATE RECEIVED *8-20-07*

As per our conversation, I have explained the Apac co-pay policy in detail to you. Confirm you signing for medical services you are charged a co-pay by the department & corrections. Due to your complex medical history I am recommending that we do a medical review for you. I will let you know the time and date. We will meet with you, Apac and PHS and we will discuss all of your medical concerns. Let me know if you have any further problems. Thank you,

Courtney Boyd
Inmate Signature
8-27-07
Date

C. Johnson
Health Services Department Head
8-27-07
Date

H.S.A. Selection:

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

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Exhibit A-3

AUG 20 2007